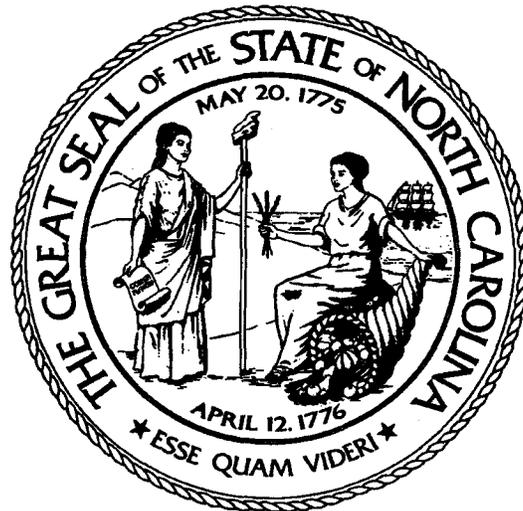


**LEGISLATIVE
RESEARCH COMMISSION**

**PHYSICAL FITNESS AMONG
NORTH CAROLINA YOUTH**



**REPORT TO THE
1995 GENERAL ASSEMBLY
OF NORTH CAROLINA**

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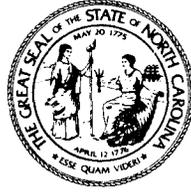
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STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



January 11, 1995

TO THE MEMBERS OF THE 1995 GENERAL ASSEMBLY:

The Legislative Research Commission herewith submits to you for your consideration its final report on the physical fitness of North Carolina youth. The report was prepared by the Legislative Research Commission's Committee on the Physical Fitness Among North Carolina Youth pursuant to G.S. 120-30.17(1).

Respectfully submitted,



Daniel T. Blue, Jr.
Speaker of the House



Marc Basnight
President Pro Tempore

Cochairmen
Legislative Research Commission





1993-1994

LEGISLATIVE RESEARCH COMMISSION

MEMBERSHIP

President Pro Tempore of
the Senate
Marc Basnight, Cochair

Senator Austin Allran
Senator Frank W. Ballance, Jr.
Senator R. L. Martin
Senator J. K. Sherron, Jr.
Senator Lura S. Tally

Speaker of the House of
Representatives
Daniel T. Blue, Jr., Cochair

Rep. Harold J. Brubaker
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Rep. Vernon G. James

PREFACE

The Legislative Research Commission, established by Article 6B of Chapter 120 of the General Statutes, is the general purpose study group in the Legislative Branch of State Government. The Commission is cochaired by the Speaker of the House and the President Pro Tempore of the Senate and has five additional members appointed from each house of the General Assembly. Among the Commission's duties is that of making or causing to be made, upon the direction of the General Assembly, "such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner" (G.S. 120-30.17(1)).

The Legislative Research Commission, prompted by actions during the 1993 Session, has undertaken studies of numerous subjects. These studies were grouped into broad categories and each member of the Commission was given responsibility for one category of study. The Cochairs of the Legislative Research Commission, under the authority of G.S. 120-30.10(b) and (c), appointed committees consisting of members of the General Assembly and the public to conduct the studies. Cochairs, one from each house of the General Assembly, were designated for each committee.

The study of the physical fitness of North Carolina youth would have been authorized by Part II of the 2nd Edition of House Bill 1319 which passed both chambers but inadvertently was among the bills not ratified at the end of the 1993 Session.

Part II of the 2nd Edition of House Bill 1319 would allow studies authorized by that Part for the Legislative Research Commission to consider Senate Bill 443 in determining the nature, scope and aspects of the study. Section 1 of Senate Bill 443 reads in part: "The Legislative Research Commission may study the issue of physical fitness among North Carolina youth." The relevant portions of the 2nd Edition of House Bill 1319 and Senate Bill 443 are included in Appendix A. The Legislative Research Commission authorized this study in the Fall of 1993 under authority of G.S. 120-30.17(1) and grouped this study in its Education Grouping area under the direction of Representative W. Pete Cunningham. (House Bill 1319 was later amended and ratified in 1994 with the Legislative Research Commission studies 2nd Edition language deleted because the Legislative Research Commission had already acted on these matters).

The Committee was chaired by Senator Marvin Ward and Representative Alex Warner. The full membership of the Committee is listed in Appendix B of this report. A committee notebook containing the committee minutes and all information presented to the committee is filed in the Legislative Library.

COMMITTEE PROCEEDINGS

Meeting on January 23, 1994

The LRC Committee on Physical Fitness Among North Carolina Youth held its first meeting on January 23, 1994, at 10:00 a.m. in Room 415 of the Legislative Office Building. Representative W. Pete Cunningham presided over the initial meeting and read the Committee its charge.

Committee counsel summarized House Bill 222 entitled AN ACT TO REPEAL THE LAW THAT ALLOWS THE STATE BOARD OF EDUCATION TO SET HIGHER MAXIMUM CLASS SIZE FOR PHYSICAL EDUCATION AND MUSIC CLASSES, which was introduced as a result of a 1991-92 study committee on the physical fitness of North Carolina youth. The bill would repeal G.S. 115C-301(e), which gives the North Carolina State Board of Education the authority to grant class size waivers for physical education classes, music classes and other similar subjects. (See Appendix C)

Ms. Shellie Y. Pfohl, Executive Director of the North Carolina Governor's Council on Physical Fitness and Health (the Council), summarized and reviewed the Physical Fitness Among North Carolina Youth Committee Report to the 1993 General Assembly. She also presented statistics regarding the fitness of youth, including daily participation in physical education. Ms. Pfohl reviewed the study conducted by North Carolina State University in conjunction with the Council and the Cardiovascular Health in Children study by the University of North Carolina at Chapel Hill.

Mr. Ron Champion, the President of the Alliance for Health, Physical Education, Recreation and Dance, a non-profit membership organization of over 2,400 professionals in athletic, dance, health, recreation, and physical education and in club sports and intramurals, addressed the Committee. He submitted a position paper of the Alliance in which the Alliance supports the healthful living curriculum of the Department of Public Instruction (DPI). In addition, the Alliance encourages, among other concepts, daily physical education programs for all students, the reduction in the size of physical education classes consistent with academic classes, the use of certified physical education teachers, participation of physical education teachers in ongoing professional development, increased funding for facilities and equipment, and periodic evaluations of students' fitness levels, skills and knowledge.

Dr. Henry Johnson with DPI informed the Committee that the State Board of Education adopted the healthful living curriculum which integrates physical education with health and nutrition education. Dr. Johnson submitted a memorandum in which DPI answered questions posed by the cochairs of the Committee regarding the current curriculum of healthful living for grades K-12, including the implementation and organizational structure of the curriculum and how it is implemented as a part of the Basic Education Plan. (See Appendix D) Through the Basic Education Plan, the school systems expanded physical education to the elementary school level by hiring 600 new teachers. As a result, 99% of all systems have implemented the healthful living curriculum. (Appendix D-2)

In the memorandum submitted, DPI supports the removal of the class size exemption for physical education classes. At present, some schools have as many as 50 students in a physical education class. DPI argues that when that happens "the quality

of instruction and the general welfare/safety of students is questionable." (Appendix D-3)

Dr. Johnson also addressed the training and professional development of educators on healthful living and the coordination of efforts between the Child Nutrition Section of DPI and Healthful Living. He informed the Committee that DPI held a statewide K-12 Physical Education Academy in July, 1993, and offers several conferences and workshops to learn about the healthful living curriculum.

Mr. Bob Frye and Mr. Larry McDonald with DPI discussed the physical education curriculum. They informed the Committee that the emphasis is on health related behaviors and skills children and youth can take into adulthood rather than competitive, sports-based activities. In addition, educators are discouraged from using physical activities as a form of punishment.

Ms. Linda Hedquist with the Child Nutrition Services section of DPI discussed the efforts of DPI in training educators and child nutrition employees in nutrition education and the dietary guidelines of the healthful living curriculum.

April 14, 1994 Meeting

The second meeting of the Committee was held on April 14, 1994, at 10:00 a.m. in Room 1124 of the Legislative Building. The meeting began with presentations of studies conducted by Appalachian State University and the University of North Carolina at Chapel Hill.

Dr. Robert Johnson and Dr. Beverly Warren with Appalachian State University informed the Committee that the study conducted by the University tested the height, weight, body fat percent, maximal oxygen consumption, blood pressure, blood lipids, and the cholesterol/HDL ratio of 104 Granite Falls Elementary School students. (See Appendix E) The study found that 90% of the students were in normal ranges of VO2 max (fitness levels), body fat, and cholesterol values though their diets are high in fat and sodium intake but low in fiber consumption. In addition, 20% of the students had high levels of blood lipid profiles such as triglycerides and VLDL cholesterol. The study also found that children who live in a family where neither parent smokes have a higher VO2 max.

Dr. Robert McMurray of the University of North Carolina at Chapel Hill, Department of Physical Education, presented findings from the North Carolina Cardiovascular Health in Children study conducted by the School of Nursing, the School of Public Health, and the Department of Physical Education of the University of North Carolina at Chapel Hill. (See Appendix F) The study is a research project that involves 20 schools, one-third of which are located in the Coastal Plains, one-third in the Piedmont and one-third in the Mountain area of the State. One-half of the schools are located in urban areas and one-half are rural.

The study found that 26% of the children in North Carolina are obese. Dr. McMurray attributes the obesity of North Carolina's youth to low activity levels. Dr. McMurray also discussed the eight week fitness program that emphasized overall fitness activities rather than competitive sports.

DPI submitted a memorandum to the Committee and answered questions asked by the Committee regarding the training of physical education specialists, the physical education curriculum for children with special needs, the cost of increasing the number of physical education classes offered students from once a week to three times a week, and the feasibility of removing the option of fatty foods from school cafeteria menus. (See Appendix D) To increase the number of physical education classes offered to students from once a week to three times a week, 1,000 physical education teachers would have to be hired at a cost of approximately \$32,522,000.

DPI informed the Committee that considerable training has been implemented over the last 10 years to educate students and adults about the Child Nutrition Program. DPI presently monitors the implementation of the federal guidelines and regulations of the National School Breakfast Program and the Lunch Program. In addition, nutrition education is incorporated into the North Carolina Standard Course of Study and all nutrition employees are being offered ongoing training in nutrition and dietary guidelines. The federal government provides most of the funding for implementation.

Mr. Larry McDonald with DPI also informed the Committee that the cost of developing a statewide K-12 instructional manual for teachers and a review of on-going pre-service and in-service needs would be approximately \$70,000. An end-of-grade healthful living education testing program consisting of a written health education and physical fitness test for grades 3-9 could be developed and implemented at a cost of approximately \$150,000.

Finally, Committee counsel reviewed legislation enacted in the 1994 Extra Session of the General Assembly that established new programs to serve youth and their

families on the local level. In particular, the School-Based Resource Centers and the After School Programs, administered by the local school boards, will provide parenting programs to families and recreational activities to youth after school.

December 8, 1994 Meeting

The third meeting of the Committee was held on December 8, 1994, at 10:00 a.m. in Room 1124 of the Legislative Building. Senator Ward presided over the meeting.

Ms. Shellie Y. Pfohl presented an update of the work of the Governor's Council on Physical Fitness and Health. She began by informing the Committee of the First Choice Program, a fitness intervention training program for at-risk youth. The program is being implemented in large cities throughout the United States to assist inner-city youth with problems such as substance abuse, delinquency, and dropping out of school. It was recognized as one of the 20 exemplary fitness programs at the 1991 Youth Fitness Summit. The program is community-based and instills leadership skills, self-discipline, and pride in youth through parent support training, peer leader training, physical fitness councils, and educational and physical activity classes.

Ms. Pfohl also submitted recommendations and Governor Hunt's proposed health initiative, which involve three major agencies, the Department of Environment, Health and Natural Resources, the Department of Human Resources, and the Department of Public Instruction to obtain the goal of promoting "a cycle of good health in North Carolina in which healthy children will grow into healthy adults who will, in turn, ensure future generations of healthy children." (Appendix G-3) In particular, the

Council has recommended that the size of physical education classes be consistent with other subjects by grade level and that every child receive daily physical education by a Certified Physical Education Specialist.

Ms. Linda Hedquist with Child Nutrition Services next addressed the Committee and provided the Committee with information regarding the implementation of the 1994 Child Nutrition Reauthorization Legislation. All schools must meet the federal Dietary Guidelines by the 1996-97 school year, unless granted a waiver. No waiver may extend beyond 1998. The USDA will develop recipes, menu cycles, and preparation techniques and provide information regarding nutrient standards and menu planning for schools. DPI is working diligently to implement the guidelines and has been successful to date.

The Committee discussed House Bill 222, AN ACT TO REPEAL THE LAW THAT ALLOWS THE STATE BOARD OF EDUCATION TO SET HIGHER MAXIMUM CLASS SIZE FOR PHYSICAL EDUCATION AND MUSIC CLASSES, and the cost of implementation. (See Appendix C) The bill would place the burden on local school administrative units to reduce the size of physical education classes though units could still obtain "Senate Bill 2 waivers" which are waivers requested and granted pursuant to G.S. 115C-238.6(1). Following a discussion of the fact that the bill would not be effective without an amendment to other sections of Chapter 115C regarding waivers, the Committee voted to recommend that the Committee encourage the North Carolina State Board of Education to consider the issue of class size and that the cochairs, on behalf of the Committee, submit a letter to the State Board of Education to that effect.

FINDINGS AND RECOMMENDATIONS

RECOMMENDATION

That the Legislative Research Commission's Study Committee on Physical Fitness Among North Carolina Youth encourage the North Carolina State Board of Education to consider reducing the maximum size of physical education classes pursuant to the authority granted the Board in G.S. 115C-301 and to reconsider the current policy of granting local school administrative units waivers of the maximum class size requirements for physical education classes pursuant to G.S. 115C-238.6(a)(1).

FINDINGS

The Committee finds that the physical health and wellbeing of the youth of North Carolina should be a priority of the North Carolina State Board of Education and the Department of Public Instruction. Students should be taught physical fitness skills and knowledge about nutrition that they can carry into adulthood. The healthful living curriculum currently being implemented by the Department of Public Instruction provides students with the necessary training and skills in both physical fitness and nutrition.

The Committee finds that large physical education classes may decrease the effectiveness of physical education teachers in teaching the healthful living curriculum and in helping youth develop the skills they need to maintain a healthy, fit lifestyle. In addition, large classes may be less safe than smaller classes.

The Committee finds that, pursuant to G.S. 115C-301, the State Board of Education has set larger class sizes for physical education classes than other academic classes. Additionally, under current law, G.S. 115C-238.6, local school administrative units may, and often do, request waivers of the class size limitations in the public schools from the State Board of Education. In order to provide an atmosphere more conducive to learning healthful living skills and to place the proper emphasis on the importance of physical education in the State schools, the Committee recommends that the State Board of Education be encouraged, by letter, to reconsider reducing the maximum size of physical education classes to make them consistent with the size of academic classes and to reconsider its policy of granting waivers for physical education classes. A copy of the letter may be found in Appendix H.

APPENDIX A

HOUSE BILL 1319, 2ND EDITION

AN ACT TO AUTHORIZE STUDIES BY THE LEGISLATIVE RESEARCH COMMISSION, TO CREATE AND CONTINUE VARIOUS COMMITTEES AND COMMISSIONS, AND TO DIRECT VARIOUS STATE AGENCIES TO STUDY SPECIFIED ISSUES.

The General Assembly of North Carolina enacts:

PART I.-----TITLE

Section 1. This act shall be known as "The Studies Act of 1993".

PART II.-----LEGISLATIVE RESEARCH COMMISSION

Sec. 2.1. The Legislative Research Commission may study the topics listed below. Listed with each topic is the 1993 bill or resolution that originally proposed the issue or study and the name of the sponsor. The Commission may consider the original bill or resolution in determining the nature, scope, and aspects of the study. The topics are:

.....

(78) Physical Fitness Among Youth (S.B. 443 - Warren),

.....

Sec. 2.2. Committee Membership. For each Legislative Research Commission Committee created during the 1993-94 biennium, the cochairs of the Commission shall appoint the Committee membership.

Sec. 2.3. Reporting Dates. For each of the topics the Legislative Research Commission decides to study under this act or pursuant to G.S. 120-30.17(1), the Commission may report its findings, together with any recommended legislation, to the 1994 Regular Session of the 1993 General Assembly or the 1995 General Assembly, or both.

Sec. 2.4. Bills and Resolution References. The listing of the original bill or resolution in this Part is for reference purposes only and shall not be deemed to have incorporated by reference any of the substantive provisions contained in the original bill or resolution.

Sec. 2.5. Funding. From the funds available to the General Assembly, the Legislative Services Commission may allocate additional monies to fund the work of the Legislative Research Commission.

.....

PART XI.-----APPROPRIATION FOR STUDIES

Sec. 11.1. From the appropriations to the General Assembly for studies, the Legislative Services Commission may allocate funds to conduct the studies authorized by this act.

PART XII.-----EFFECTIVE DATE

Sec. 12.1. This act is effective upon ratification. Part VI of this act is repealed on June 30, 1995.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1993

S

1

SENATE BILL 443*

Short Title: Physical Fitness Study.

(Public)

Sponsors: Senator Warren.

Referred to: Rules and Operation of the Senate.

March 2, 1993

1 A BILL TO BE ENTITLED
2 AN ACT TO REAUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION
3 TO STUDY THE ISSUE OF PHYSICAL FITNESS AMONG NORTH
4 CAROLINA YOUTH.

5 Whereas, the Legislative Research Commission was authorized by the
6 1991 General Assembly to study physical fitness among North Carolina youth; and

7 Whereas, the Committee found from recent studies that the physical
8 fitness levels of North Carolina youth is equally poor and in many instances worse
9 than the national average; and

10 Whereas, the current Committee needs more time to investigate the state
11 of North Carolina physical education programs; Now, therefore,
12 The General Assembly of North Carolina enacts:

13 Section 1. The Legislative Research Commission may study the issue of
14 physical fitness among North Carolina youth. In conducting its study, the
15 Commission shall investigate the availability and utilization of programs to improve
16 fitness and make recommendations about the most efficient and effective methods for
17 improving youth physical fitness.

18 Sec. 2. The Commission may report its findings and recommendations to
19 the 1995 General Assembly, and may make an interim report to the 1994 Session of
20 the 1995 General Assembly.

21 Sec. 3. This act is effective upon ratification.

APPENDIX B

**MEMBERSHIP OF LRC COMMITTEE ON
PHYSICAL FITNESS AMONG NORTH CAROLINA YOUTH COMMITTEE**

LRC MEMBER: Rep. W. Pete Cunningham
 P.O. Box 16209
 Charlotte, NC 28297
 (704)334-5709

President Pro Tempore's Appointments

Sen. Marvin Ward, Cochair
641 Yorkshire Road
Winston Salem, NC 27106
(910)724-9104

Mr. Howard Chapin
212 Smaw Road
Washington, NC 27889

Sen. James S. Forrester
P.O. Box 459
Stanley, NC 28164
(704)263-8603

Sen. Linda Gunter
1101 Highland Trail
Cary, NC 27511
(919)469-5185

Mrs. R. C. Smith
4801 Country Club Drive
Wilson, NC 27893

Mr. Arthur C. Tillett
146 Arbor Drive
Manteo, NC 27954

Mr. Johnny Tillett
P.O. Box 1000
Manteo, NC 27954

Sen. Ed Warren
227 Country Club Drive
Greenville, NC 27834
(919)756-2671

Speaker's Appointments

Rep. Alex Warner, Cochair
212 S. Main Street
Hope Mills, NC 28348
(910)424-5350

Rep. Vance Alphin
Route 2, Box 372
Mount Olive, NC 28365
(919)658-9800

Rep. J. Fred Bowman
814 N. Graham-Hopedale Road
Burlington, NC 27217
(910)228-7521

Rep. Frances M. Cummings
1708 Maryland Street
Lumberton, NC 28358
(910)739-6800

Mr. Norman Day
Garner Road Family YMCA
2235 Garner Road
Raleigh, NC 27610

Rep. Bobby R. Hall
P.O. Box 40
Sanford, NC 27331
(919)776-6590

Rep. Charles R. Preston
P.O. Box 367
Conover, NC 28613
(704)465-0748

Rep. Jean R. Preston
257 Sandfiddler E.
Emerald Isle, NC 28594
(919)354-6672

Staff:

**Ms. Beth Barnes
Bill Drafting Division
(919)733-6660**

Clerk:

**Ms. Becky Hedspeth
Rm. 2119 Legislative Bldg
(919)733-5771**

APPENDIX C

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

SENATE
COMMITTEE SUBSTITUTE

H

JUN 8 1993

D

HOUSE BILL 222*

Proposed Senate Committee Substitute PC 1156

ADOPTED

Short Title: Maximum Class Size/Phys. Ed.

(Public)

Sponsors:

Referred to:

February 22, 1993

- 1 A BILL TO BE ENTITLED
- 2 AN ACT TO REPEAL THE LAW THAT ALLOWS THE STATE BOARD OF
- 3 EDUCATION TO SET HIGHER MAXIMUM CLASS SIZE FOR PHYSICAL
- 4 EDUCATION AND MUSIC CLASSES.
- 5 The General Assembly of North Carolina enacts:
- 6 Section 1. G.S. 115C-301(e) is repealed.
- 7 Sec. 2. This act is effective upon ratification and applies to class sizes for
- 8 all school years beginning with the 1993-94 school year.

fiscal years beginning with the 1992-93 fiscal year, added subsection (a1).
§ 115C-238.5. Flexible funding.

(a) For fiscal years beginning with the 1990-91 fiscal year, the State Board of Education, only upon the recommendation of the State Superintendent, shall increase flexibility in the use of State funds for schools by combining into a single funding category the existing categories for instructional materials, supplies and equipment, textbooks, testing support, and drivers education except for funds for classroom teachers of drivers education. Only local school administrative units electing to participate in the Performance-based Accountability Program shall be eligible to receive this flexible funding.

(b) Notwithstanding subsection (a) of this section, for fiscal years beginning with the 1992-93 fiscal year, State funds for textbooks shall be set out in a separate allotment category.

(c) Local boards of education shall provide maximum flexibility in the use of funds to individual schools to enable them to accomplish their individual schools' goals. (1989, c. 778, s. 3; 1991 (Reg. Sess., 1992), c. 900, s. 81(c).)

§ 115C-238.6. Approval of local school administrative unit plans by the State Superintendent; conditions for continued participation.

(a) Prior to June 30 each year, the State Superintendent shall review local school improvement plans submitted by the local school administrative units in accordance with policies and performance indicators adopted by the State Board of Education. If the State Superintendent approves the plan for a local school administrative unit, that unit shall participate in the Program for the next fiscal year.

If a local plan contains a request for a waiver of State laws, regulations, or policies, in accordance with G.S. 115C-238.3(b1) or (b2), the State Superintendent shall determine whether and to what extent the identified laws, regulations, or policies should be waived. The State Superintendent shall present that plan and his determination to the State Board of Education. If the State Board of Education deems it necessary to do so to enable a local unit to reach its local accountability goals, the State Board, only upon the recommendation of the State Superintendent, may grant waivers of:

- (1) State laws pertaining to class size, teacher certification, assignment of teacher assistants, the use of State-adopted textbooks, and the purposes for which State funds for the public schools, except for funds for school health coordinators, may be used: Provided, however, the State Board of Education shall not permit the use of funds for teachers for expanded programs under the Basic Education Program for any other purpose;
- (2) All State regulations and policies, except those pertaining to State salary schedules and employee benefits for school employees, the instructional program that must be offered under the Basic Education Program, the system of employ-

ment for public school teachers and administrators set out in G.S. 115C-325, health and safety codes, compulsory school attendance, the minimum lengths of the school day and year, and the Uniform Education Reporting System.

The provisions of G.S. 115C-12(16)b. regarding the placement of State-allotted office support personnel, teacher assistants, and custodial personnel on the salary schedule adopted by the State Board shall not be waived.

Except for waivers requested by the local board in accordance with G.S. 115C-238.3(b2) for central office staff, waivers shall be granted only for the specific schools for which they are requested in building-level plans and shall be used only under the specific circumstances for which they are requested.

(b) Local school administrative units shall continue to participate in the Program and receive funds for differentiated pay, if their local plans call for differentiated pay, so long as (i) they demonstrate satisfactory progress toward student performance goals set out in their local school improvement plans; or (ii) once their local goals are met, they continue to achieve their local goals and they otherwise demonstrate satisfactory performance, as determined by the State Superintendent in accordance with guidelines set by the State Board of Education.

If the local school administrative units do not achieve their goals after two years, the Department of Public Instruction shall provide them with technical assistance to help them meet their goals. If after one additional year they do not achieve their goals, the State Board of Education shall decide what steps shall be taken to improve the education of students in the unit. (1989, c. 778, s. 3; 1991, c. 636, s. 10; c. 689, ss. 196(c), 201; 1991 (Reg. Sess., 1992), c. 900, s. 75.1(d); 1993, c. 38, s. 2; c. 321, s. 133(b).)

Editor's Note. — Session Laws 1991 (Reg. Sess., 1992), c. 900, s. 75.1, which amended this section, became effective July 8, 1992, and was applicable to all local school improvement plans developed after that date.

Session Laws 1993, c. 321, s. 322 is a severability clause.

Session Laws 1994, Extra Session, c. 24, s. 43 provides in part that of the funds appropriated to Aid to Local School Administrative Units, \$18,237,120 for the 1994-95 fiscal year shall be used for positions to implement locally designed initiatives to provide services to students who are at risk of school failure and the students' families. Waivers will not be granted pertaining to the use of these funds unless the waiver is to convert an instructional support position to a teacher position.

Session Laws 1994, Extra Session, c.

24, s. 70, provides: "Except for statutory changes or other provisions that clearly indicate an intention to have effects beyond the 1993-95 biennium, the textual provisions of this act shall apply only to funds appropriated for and activities occurring during the 1993-95 biennium."

Effect of Amendments. — Session Laws 1993, c. 38, s. 2, effective May 3, 1993, in the first sentence of the second paragraph of subsection (a) added "or (b2)" following "in accordance with G.S. 115C-238.3(b1)"; and, at the beginning of the final paragraph of subsection (a), substituted "Except for waivers requested by the local board in accordance with G.S. 115C-238.3(b2) for central office staff," for "Waivers".

Session Laws 1993, c. 321, s. 133, effective July 1, 1993, added the first paragraph of subsection (a) following subdivision (a)(2).

Editor's Note. — Session Laws 1985 (Reg. Sess., 1986), c. 975, which amended subsection (b), provided in s. 25 that the provisions of the act should

not be construed to abolish or in any manner affect any supplemental tax or any local taxing district.

CASE NOTES

Editor's Note. — Most of the cases below were decided under corresponding provisions of former Chapter 115.

Final Authority for Election of Teachers Vested in Board. — The superintendent makes recommendations, but the final authority for the election of teachers is vested in the school board. *Johnson v. Gray*, 263 N.C. 507, 139 S.E.2d 551 (1965).

Superintendent Entitled to Recommend Against Rehiring. — A school board's failure to renew a probationary teacher's contract because the principal and superintendent recommended that he not be rehired would not be arbitrary, capricious, or for personal reasons, since

the superintendent is entitled to make such recommendations. *Hasty v. Bellamy*, 44 N.C. App. 15, 260 S.E.2d 135 (1979).

No Claim Based on Failure to Renew Contract. — Plaintiff stated no claim for relief against a school superintendent and principal in an action to recover damages arising from failure to renew plaintiff's contract as a teacher, since the power to hire teachers rests in the school board. *Hasty v. Bellamy*, 44 N.C. App. 15, 260 S.E.2d 135 (1979).

Cited in *Abell v. Nash County Bd. of Educ.*, 71 N.C. App. 48, 321 S.E.2d 502 (1984).

§ 115C-300. In-service training.

Local boards of education are authorized to provide for the professional growth of teachers while in service and to pass rules and regulations requiring teachers to cooperate with their superintendent for the improvement of instruction in the classroom and for promoting community improvement. (1955, c. 1372, art. 5, s. 29; 1981, c. 423, s. 1.)

§ 115C-301. Allocation of teachers; class size.

(a) **Request for Funds.** — The State Board of Education, based upon the reports of local boards of education and such other information as the State Board may require from local boards, shall determine for each local school administrative unit the number of teachers and other instructional personnel to be included in the State budget request.

(b) **Allocation of Positions.** — The State Board of Education is authorized to adopt rules to allot instructional personnel and teachers, within funds appropriated.

(c) **Maximum Class Size.** — The average class size for each grade span in a local school administrative unit shall at no time exceed the funded allotment ratio of teachers to students. At the end of the second school month and for the remainder of the school year, the size of an individual class shall not exceed the allotment ratio by more than three students. At no time may the General Assembly appropriate funds for higher unit-wide class averages than those for which State funds were provided during the 1984-85 school year.

(d) **Maximum Teaching Load.** — Students shall be assigned to classes so that from the 15th day of the school year through the end of the school year the number of students for whom teachers in grades 7 through 12 are assigned teaching responsibilities during

the course of the day is no more than provided in subsection (g) of this section.

(e) **Alternative Maximum Class Size.** — In its discretion, the State Board of Education, in its discretion, may set higher daily teaching loads for classes in mathematics and other similar subjects, so long as the total instructional programs in those areas is not exceeded.

(f) **Second Month Reports.** — At the end of each school year, each local board of education shall file a report for each school with the State Board of Education in the format prescribed by the State Board of Education for each school, the composition of each class, the teaching load of each teacher, and such other information as the State Board may require.

(g) **Waivers and Allotment Adjustments.** — Local boards of education, through their superintendents, shall report all exceptions to individual class size maximums that occur at that time.

(g) **Waivers and Allotment Adjustments.** — Local boards of education shall report exceptions to the standards provided in G.S. 115C-47(10), and shall request waivers or adjustments from the standards if available, may allot additional positions to exceed class size or daily load.

- (1) If the exception resulted from (i) emergencies, or acts of God, (ii) population, (iii) organizational changes, or (iv) geographic location, or (v) curricular area, and
- (2) If the local board cannot organize the class.

All allotment adjustments and waivers shall be reported to the Director of Public Instruction by May 15 of each year.

(h) **State Board Rules.** — The State Board of Education may adopt rules necessary for the implementation of the teaching load provisions.

(i) **Penalty for Noncompliance.** — The State Board of Education determines that a local superintendent is in noncompliance with the requirements of this section, the superintendent shall be allocated to pay the superintendent's salary for the year the superintendent is in noncompliance. (1963, c. 688, s. 3; 1965, c. 584, s. 6; 1975, c. 965, s. 3; 1977, c. 1088, s. 3; 1984, c. 1034, ss. 12, 13; 1987, c. 738, s. 181; 1987 (Reg. Sess., 1988)).

Cross References. — As to monitoring and report by the Department of Public Instruction to the General Assembly by May 1, 1991, and annually thereafter showing school units that have been granted class size waivers

not be construed to abolish or in any manner affect any supplemental tax or any local taxing district.

NOTES

the superintendent is entitled to make such recommendations. *Hasty v. Bellamy*, 44 N.C. App. 15, 260 S.E.2d 135 (1979).

No Claim Based on Failure to Renew Contract. — Plaintiff stated no claim for relief against a school superintendent and principal in an action to recover damages arising from failure to renew plaintiff's contract as a teacher, since the power to hire teachers rests in the school board. *Hasty v. Bellamy*, 44 N.C. App. 15, 260 S.E.2d 135 (1979).

Cited in *Abell v. Nash County Bd. of Educ.*, 71 N.C. App. 48, 321 S.E.2d 502 (1984).

ining.

authorized to provide for the professional service and to pass rules and cooperate with their superintendent in the classroom and for nt. (1955, c. 1372, art. 5, s. 29;

teachers; class size.

State Board of Education, based on education and such other information require from local boards, shall in its administrative unit the number of personnel to be included in the

the State Board of Education is to determine instructional personnel and

average class size for each grade level in each unit shall at no time exceed 150 students. At the end of the school year, the superintendent shall not exceed the allotment ratio by more than the General Assembly may determine. The class averages shall not be greater than those for the preceding school year. Students shall be assigned to each school year through the end of the school year for whom teachers in each school have teaching responsibilities during

the course of the day is no more than 150 students, except as provided in subsection (g) of this section.

(e) **Alternative Maximum Class Sizes.** — The State Board of Education, in its discretion, may set higher maximum class sizes and daily teaching loads for classes in music, physical education, and other similar subjects, so long as the effectiveness of the instructional programs in those areas is not thereby impaired.

(f) **Second Month Reports.** — At the end of the second month of each school year, each local board of education, through the superintendent, shall file a report for each school within the school unit with the State Board of Education. The report shall be filed in a format prescribed by the State Board of Education and shall include the organization for each school, the duties of each teacher, the size of each class, the teaching load of each teacher, and such other information as the State Board may require. As of February 1 each year, local boards of education, through the superintendent, shall report all exceptions to individual class size and daily teaching load maximums that occur at that time.

(g) **Waivers and Allotment Adjustments.** — Local boards of education shall report exceptions to the State Board of Education as provided in G.S. 115C-47(10), and shall request allotment adjustments or waivers from the standards set out above. Within 45 days of receipt of reports, the State Board of Education, within funds available, may allot additional positions or grant waivers for the excess class size or daily load.

- (1) If the exception resulted from (i) exceptional circumstances, emergencies, or acts of God, (ii) large changes in student population, (iii) organizational problems caused by remote geographic location, or (iv) classes organized for a solitary curricular area, and
- (2) If the local board cannot organizationally correct the exception.

All allotment adjustments and waivers submitted under this provision shall be reported to the Director of the Budget and to the General Assembly by May 15 of each year.

(h) **State Board Rules.** — The State Board of Education shall adopt rules necessary for the implementation of class size and teaching load provisions.

(i) **Penalty for Noncompliance.** — If the State Board of Education determines that a local superintendent has willfully failed to comply with the requirements of this section, no State funds shall be allocated to pay the superintendent's salary for the period of time the superintendent is in noncompliance. (1955, c. 1372, art. 6, s. 6; 1963, c. 688, s. 3; 1965, c. 584, s. 6; 1969, c. 539; 1973, c. 770, ss. 1, 2; 1975, c. 965, s. 3; 1977, c. 1088, s. 4; 1981, c. 423, s. 1; 1983 (Reg. Sess., 1984), c. 1034, ss. 12, 13; 1985, c. 479, s. 55(b)(3)b; 1987, c. 738, s. 181; 1987 (Reg. Sess., 1988), c. 1025, s. 15; c. 1086, s. 89(a).)

Cross References. — As to monitoring and report by the Department of Public Instruction to the General Assembly by May 1, 1991, and annually thereafter showing school units that have been granted class size waivers

pursuant to § 115C-238.3(d), have reported class size exceptions, and have converted State-funded teacher positions, see § 115C-21.1(b). As to the allotment of classified principals, see § 115C-284.

§ 115C-301.1. Duty free period.

All full-time assigned classroom teachers shall be provided a daily duty free period during regular student contact hours. The duty free period shall be provided to the maximum extent that (i) the safety and proper supervision of children may allow during regular student contact hours and (ii) insofar as funds are provided for this purpose by the General Assembly. If the safety and supervision of children does not allow a daily duty free period during regular student contact hours for a given teacher, the funds provided by the General Assembly for the duty free period for that teacher shall revert to the general fund. (1983, c. 761, s. 88.)

§ 115C-302. Salary and vacation.

(a) Teachers shall be paid promptly when their salaries are due provided the legal requirements for their employment and service have been met. All teachers employed by any local school administrative unit who are to be paid from local funds shall be paid promptly as provided by law and as state-allotted teachers are paid. Teachers paid State funds shall be paid as follows:

(1) Academic Teachers. — Regular state-allotted teachers shall be employed for a period of 10 calendar months. Salary payments to regular state-allotted teachers shall be made monthly at the end of each calendar month of service: Provided, that teachers employed for a period of 10 calendar months in year-round schools shall be paid in 12 equal installments: Provided further, that any individual teacher who is not employed in a year-round school may be paid in 12 monthly installments if the teacher so requests on or before the first day of the school year. Such request shall be filed in the local school administrative unit which employs the teacher. The payment of the annual salary in 12 installments instead of 10 shall not increase or decrease said annual salary nor in any other way alter the contract made between the teacher and the said local school administrative unit; nor shall such payment apply to any teacher who is employed for a period of less than 10 months. Included within the 10 calendar months employment shall be annual vacation leave at the same rate provided for State employees, computed at one twelfth (1/12) of the annual rate for State employees for each calendar month of employment; which shall be provided by each local board of education at a time when students are not scheduled to be in regular attendance. Included within the 10 calendar months employment each local board of education shall designate the same or an equivalent number of legal holidays occurring within the period of employment for academic teachers as those designated by the State Personnel Commission for State employees; on a day that employees are required to report for a workday but pupils are not required to attend school due to inclement weather, a teacher may elect not to report due to hazardous travel conditions and to take one of his annual vacation days or to make up the day at a time agreed upon by the employee and his immediate supervisor or principal. Within policy

adopted by the State of education shall devoting what additional period devoted to classroom shall apply to service school term, during the term and to fix and teachers during said number of workdays education shall consult with personnel in the development schedule.

(2) Occupational Education of employment to locate the State Board of Education of teachers of employment as determined. Salary payment teachers shall be made month of service: Provide the term of employment teacher personnel months for the 1982-83 thereafter: Provided further term of 10 calendar months paid in 12 equal installments individual teacher employment months who is not employed paid in 12 monthly installments on or before the first day shall be filed in the administrative unit. The payment installments instead of 10 annual salary nor in contract made between the teacher and the said local school administrative unit. Included within the same rate of annual provided under the same provision (1) above, but in not a 10-month employee schedule and the workday all occupational teacher period.

Occupational education 11 or 12 months may, work on annual leave calendar and take those annual 12th month of employment

No deductions shall be vocational agriculture are paid in part from State while in attendance upon meetings called for the agricultural interests of dance is approved by the administrative unit and the State

APPENDIX D



An Update: North Carolina Healthful Living Education

January 21, 1994

The following statements address the questions as requested by Beth Barnes, Staff Attorney for the North Carolina General Assembly.

1. What is the current curriculum of Healthful Living for grades K-12?

The current Healthful Living Education curriculum was recently approved in June 3, 1993, by the North Carolina State Board of Education. It is comprised of specific goals and objectives that address knowledge, skills, and behaviors in the content areas of:

- **Health Education** (Nutrition Education and HIV/AIDS Education are primarily integrated into this portion of the revised curriculum)
- **Physical Education** (Portions of the Nutrition Education curriculum have been integrated into Physical Education)

The revised Healthful Living Education curriculum provides a framework of goals and objectives for K-12 Health Education and Physical Education instruction. During the revision process, the number of stated goals and objectives were condensed to provide a strongly focused document. In addition to a reduction in the number of goals (from 21 to 10), the actual number of pages of the revised Healthful Living curriculum has been drastically reduced (664 to 229).

During the revision process a wide variety of professional groups and K-12 and college/university teachers provided input. Printed copies of the revised Healthful Living Education curriculum are being sent to all school systems in North Carolina.

2. What is the level of implementation of Healthful Living Education as part of the BEP?

Through monies of the Basic Education Program, school systems were able to expand instruction at the elementary school level. Prior to the BEP, many school systems in North Carolina did not have a Physical Education/Fitness program below middle/junior high school.

It is estimated that about 600 additional elementary Physical Educators were hired using BEP funds. Even so, North Carolina elementary students typically receive Physical Education instruction *only once or twice a week* by a certified Physical Education teacher. For example, Wake County elementary students have Physical Education one day a week for 30-minutes with a certified Physical Education teacher.

Using recent BEP implementation data, it has been shown that 99% of all school systems reported to have substantially or fully implemented the Healthful Living Education program. This is an increase from 1992-93 data that shows a 97% implementation rate.

3. What is the organizational structure/patterns of local unit delivery of Healthful Living Education?

We would like to present this data by elementary, middle school, and high school levels.

Elementary Level: The Health Education curriculum is being delivered by classroom teachers. Physical Education instruction is being delivered by Physical Educators and classroom teachers.

Middle School Level: At the middle school level, the delivery of the Healthful Living Education curriculum varies greatly. Health Education is usually taught within Science or as a separate Health Education class. Time allocation and quality of instruction of middle school Health Education is somewhat inconsistent on a statewide level. Physical Education for today's middle school students is generally offered less frequently as under the traditional junior high school arrangement. Most middle school students receive Physical Education instruction on either an every-other day basis, or for a semester (or less) a year.

High School Level: Currently, North Carolina students are required to have one year of Health and Physical Education instruction to graduate high school. This requirement can be taken at any time in grades 9-12. Local school districts have the option to require additional units above the State required mandate.

In 1989, there were about 25 school districts, representing approximately 30% of all North Carolina high school students, who had either an additional semester or year requirement. However, with the advent of taking Driver Education out of the instructional school day, the number of school districts who had additional requirements for Physical Education has dropped dramatically. We have no current statistics for school systems requiring locally mandated Physical Education at the high school level.

4. What are the current class sizes of Physical Education throughout the State?

This topic is one of concern for many middle school and high school Physical Educators in North Carolina. At the present time, middle school and high school administrators can place up to 50 students in a Physical Education class. When this happens, the quality of instruction and the general welfare/safety of students is questionable.

From conversations with Physical Educators and reviewed statewide class load data, it seems that middle school and high school Physical Educators have an average class size within the mandated daily load. The overload of students in Physical Education classes occurs when administrators designate one or two of a Physical Educator's classes as a "quick and easy" way to schedule students.

For example, a high school Physical Educator may have several 10th or 11th grade advanced Physical Education classes with small class sizes and is overloaded with 30 or more students in the required Physical Education class.

It is our opinion that the class size exemption for Physical Education needs to be removed. Teachers of Typing/Keyboarding were under the same regulations until a few years ago, when administrators had the option to "overload" their classes. When class size for Typing/Keyboarding was changed, no additional teachers were needed to be hired. We believe this is the case for Physical Education.

5. What is the level of implementation of Healthful Living Education by type of unit, including the differences in implementation between rural and urban units?

Typically, the rural systems have less central office support with instructional expertise available to implement the Healthful Living curriculum than do the urban school systems. All of the larger school districts have one or more central personnel responsible for the Drug Education, Health Education, or Physical Education program. Another disadvantage to the rural school systems is the fact that D.P.I.'s Regional Technical Assistance Centers do not have Healthful Living Education consultants at the present time.

As far as the actual number of teachers and the implementation of the Healthful Living curriculum, many of the rural school districts actually have better instructional programs than their urban counterpart. As mentioned before, Wake County students receive elementary Physical Education once a week for 30 minutes. In neighboring rural Johnston County, for example, elementary students receive Physical Education instruction 2-3 times a week. There are many rural school systems across the state who offer a daily Physical Education program at the elementary level.

6. Give an analysis of the implementation of the professional development of educators, including an explanation of the training of educators on the current curriculum by DPI.

A major function of the Healthful Living Education consultants is in the area of professional development. With the approval of the new curriculum by the State Board of Education in June, we had a statewide K-12 Physical Education Academy at UNC-Wilmington in July. This was attended by school district teams who designed and are implementing professional staff development programs during this school year.

In addition to the Academy, Health and Physical Education teachers have the opportunity to attend several statewide conferences each year (A Total Commitment, NCAHPERD Convention, Health Education Leadership Conference and Physical Education Leadership Trainings), as well as a series of K-12 Physical Education workshops held in numerous locations across the state each May.

Undergraduate teacher education competencies in both Health Education and Physical Education were recently adopted by the State Board that reflect using the new Healthful Living Education curriculum in training prospective teachers.

7. Provide information regarding the coordination of efforts between the Child Nutrition Section and Healthful Living.

During the past several years, there has been stronger coordination between the Child Nutrition Division and Healthful Living Education. Currently, there are Nutrition Education objectives within the revised Healthful Living Education curriculum in both Physical Education and Health Education instruction. Linda Hedquist, a former Child Nutrition Director from Granville County Schools, is our Nutrition Education Training Consultant responsible for providing a stronger Nutrition Education link between Food Service personnel and school educators.

In addition, Mr. John Murphy, Chief Consultant for Child Nutrition, as well as members of his staff, have been involved in the North Carolina Healthful Living Institute. The North Carolina Healthful Living Institute is a special statewide health promotion project of the Healthful Living Education program.

More coordinated efforts between Nutrition Education/Food Service and Healthful Living Education would be desirable as North Carolina moves towards developing a comprehensive fitness agenda for our students.

Prepared by:

Larry McDonald, Healthful Living Education Subject Area Coordinator
(919) 715-1823

Linda Hedquist, Nutrition Education Consultant, High School Interdisciplinary Team
(919) 715-1821

Artie Kamiya, Healthful Living Education Consultant, Elementary School Interdisciplinary Team
(919) 715-1824

**Physical Fitness Among North Carolina Youth
Study Committee
April 14, 1994**

1. What is the training of teachers, in particular physical education specialists, regarding the physical education curriculum?

Last year, the North Carolina State Board of Education approved new undergraduate guidelines for all K-12 Physical Education teachers. These guidelines outline the program of professional preparation for all physical education majors. These prospective teachers must have a strong knowledge base organized around the essential role that physical activity plays in the quality of a person's life.

The undergraduate guidelines and the specific competencies are designed to give focus to professional preparation programs. These guidelines are based on and aligned with the Standard Course of Study. In relationship to youth fitness, there are guidelines and specific competencies that call for a strong program of personal fitness skills.

The demonstration of fitness and exercise, nutrition and weight management, using physical activities for stress management, the development of lifetime sport activities, wellness concepts and practices, appropriate use of alcohol and drugs, and the promotion of healthy lifestyles are specific fitness skills addressed in the new undergraduate guidelines.

2. What is the difference between rural and urban physical education curriculum?

There is no difference in the physical education curriculum between rural and urban systems; however, implementation of the curriculum varies across the state.

Prior to the Basic Education Program:

- Many rural school systems were not able to provide an elementary physical education program for K-5 students. In most cases, physical education for the rural schools was non-existent.

- Most of the larger urban school districts (Ex: Wake County Schools, Charlotte-Mecklenburg Schools, and Winston-Salem/Forsyth County Schools) had a one day a week K-5 physical education program in place.

With the advent of the BEP, the vast majority of all elementary schools, rural and urban, have physical education at least once per week. In fact, many of our rural schools have taken the lead in physical education instruction.

- Person County, Wayne County, Jackson County, Carteret County, and Watauga County see their K-5 students an average of 4 days a week.

- On the other hand, many of our larger school systems, (Ex: Wake County, Guilford County, Cumberland County, Charlotte-Mecklenburg Schools, and Winston-Salem/Forsyth) still continue to have physical education only one day per week.

3. What is the training of teachers on providing physical education to students with special needs and the current physical education curriculum for children with special needs?

Adapted physical education is a specialized area that addresses the needs of handicapped students. During the past 10 years, North Carolina has come a long way in addressing the adapted physical education needs of students with disabilities. Mr. Jim Rich, Adapted Physical Education Consultant with the Department of Public Instruction, is responsible for the development and the implementation of the adapted physical education program. Typically, most adapted physical education services are provided by certified physical education teachers with support either from Special Education classroom teachers and/or adapted physical education teachers.

Under federal and state laws and procedures, physical education services are required for all special education students in North Carolina. According to Mr. Rich, North Carolina has an identified need for 177 full-time adapted physical education teachers. This was calculated by taking 20% of the total number of anticipated identified exceptional children. According to school system reports there are currently 39 full-time adapted physical education teachers serving students in this state. Under state and national regulations, every student in North Carolina receiving special education services, is eligible for adapted physical education.

Undergraduate physical education majors receive one two or three-hour course in adapted physical education. Currently, there are three universities in North Carolina that offer a masters degree in adapted physical education - East Carolina University, North Carolina Central University, and North Carolina A&T State University.

The current physical education curriculum for children with special needs is the same. Modification are made to the curriculum when necessary to meet the needs of exceptional children. These needs are indicated on the physical education portion of each child's IEP (Individual Education Program).

4. What would be the cost of the comprehensive analysis and the end-of-grade testing program, Recommendations 5 and 6 of the 1993 Reports?

• **Recommendation 5** requests the Department of Public Instruction to collaborate with the University System of North Carolina and the North Carolina Alliance for Health, Physical Education, Recreation and Dance to conduct a comprehensive analysis relating to the development of:

A. A statewide K-12 instructional manual for teachers: The cost of this needed resource would be approximately \$65,000. This would include the development, production, and implementation of specific elementary, middle school, and high school instructional manuals that would be used by K-5 classroom teachers and K-12 physical educators. A special section on integrating the new Healthful Living curriculum with math, science, communication skills, social studies, and other content areas would be a part of this new teacher resource.

B. A review of on-going pre-service and in-service needs: The cost for the review would be approximately \$5,000. This would include travel, meals, and other associated costs for a 8-10 member study group and the production of the report.

• **Recommendation 6** requests the Department of Public Instruction, with the assistance from the University of North Carolina, to develop a end-of-grade Healthful Living Education testing program. This would involve the development of:

Test implementation: According to Bill Brown, Director of Testing in Accountability Services, for approximately \$150,000 over a two year period a comprehensive K-9 Healthful Living assessment could be developed and implemented. This would include a 9th grade end of course test and a 3rd-8th grades end of grade test. These assessments would consist of a written health education and a physical fitness test.

5. What would be the cost of increasing the number of physical education classes offered to students from once a week to three times a week?

To insure a complete and accurate answer to this question, we would need to conduct a comprehensive survey to determine actual present staffing conditions and projected staffing needs. Based on currently available estimations, we could project the need for at least 1,000 additional positions at a cost of \$32,522 per enhancement teacher for a total amount of \$32,522,000.

Questions 1-5 Prepared by:

Artie Kamiya, Healthful Living Education Consultant, Elementary School Interdisciplinary Team (919)715-1824
Larry McDonald, Healthful Living Education Subject Area Coordinator (919)715-1823
Jim Rich, Adapted Physical Education Consultant (910)334-7803

6. The cost or feasibility of removing the option of fatty foods from the menu of schools.

Present USDA Guidelines and USDA Changes for the Future

A. Each LEA determines foods that are available in their Child Nutrition Services Program. At this time our agency monitors the regulations of the National School Breakfast and Lunch Program to ensure compliance. Monitoring ensures that participating schools provide nutritious and well-balanced meals to children in accordance to the meal pattern established by USDA. The requirements and recommendations are designed so that the nutrients of lunch, averaged over a period of time, approximate one-third of the Recommended Dietary Allowance for children of each age and grade. See Attachment: School Lunch Patterns

B. The following considerations were used by USDA in designing meal requirements and recommendations :

- Considered amounts of food energy (Calories)
- Considered and now recommends that lunches include:
 - a Vitamin A vegetable or fruit at least twice a week
 - a Vitamin C vegetable or fruit at least two or three times a week
 - several foods for Iron each day
- Considered and now recommends the implementation of the Dietary Guidelines for Americans which are as follows for food production:
 - Eat a variety of foods
 - Choose a diet low in fat, saturated fat, and cholesterol
 - Choose a diet with plenty of vegetables, fruits and grain products
 - Use sugar only in moderation
 - Use salt and sodium only in moderation

C. Since 1989, the Department of Public Instruction, through Child Nutrition Services and the Nutrition Education and Training Program has been working with Child Nutrition Service employees in the implementing of Dietary Guidelines into their food service operation. Schools are encouraged to keep the amount of fat, sugar, and salt in school meals at a moderate level by limiting, as feasible: 1) the frequency of service of foods that contain relatively high levels and 2) the quantities used in food preparation.

D. In April 1992, the USDA published **Nutrition Guidance of the Child Nutrition Programs** to improve the meals of healthy Americans served by these programs. This guidance is patterned after **Nutrition and Your Health: Dietary Guidelines for Americans**, which forms the basis for nutrition policy for the Federal Government. This publication will serve as a basis for revisions of USDA meal patterns and menu planning guides. It will also serve as a guide to the development of new recipes and commodity food specifications. One of the recommendations in the guidance is to offer foods low in fat, saturated fat and cholesterol. It suggests, as does the Dietary Guidelines for Americans, goals of 30% or less of total calories from fat, and less than 10% of calories from saturated fat. One factor to remember in lowering fat content, when doing so also lowers the calories in the meal which students need for growth and activity. Fat contains over twice the calories of an equal amount of protein or carbohydrate. When fat is lowered in the meal, other foods will need to be added to replace the calories lost from fat.

E. This year the USDA Child Nutrition Programs will be reviewed for reauthorization by the Federal Government. Congress is considering under the Nutrition Guidance for Child Nutrition Programs portion of the reauthorization, making recommendations regarding fat, dietary fiber, sodium and sugar regarding school lunch and breakfast programs established under the National School Lunch Act.

F. When USDA issues regulations requiring that schools meet federal dietary recommendations, a comprehensive program must be implemented to ensure successful compliance. To ensure that all schools can successfully comply, the program must provide practical solutions to the real problems faced by schools, food service personnel, parents and children. USDA will strive to develop and implement a plan that includes: 1) marketing changes to children, parents, and school officials; 2) providing training and technical assistance to school food service personnel; 3) ensuring that comprehensive nutrition education is incorporated into the school curriculum and is linked to what is served in the cafeteria; 4) additional funding that is required to implement the changes in the school meals programs; and 5) implementing meaningful and realistic tools for monitoring and evaluating compliance and progress.

G. The following is the status of North Carolina's ability to implement a comprehensive program to ensure the successful implementation of federal dietary guidelines:

- Child Nutrition Services at the state agency level is presently working on a marketing plan to market the changes to students, parents and school officials.
- Child Nutrition Services and NET will continue to offer training to Child Nutrition Service employees in the implementation of the Dietary Guidelines in school meals at state and regional conferences.
- Nutrition education presently is incorporated into the **North Carolina Standard Course of Study**, as well as continues to be integrated into a variety of subject areas. All training involving classroom nutrition education will continue to demonstrate the use of the cafeteria as a learning laboratory.
- Additional tools for Child Nutrition Programs will be necessary if the Food and Nutrition Service revises the current meal pattern and turns to Nutrient Standard Menu Planning to meet the Dietary Guidelines. A database which contains food items used in the National School Breakfast and Lunch Program will need to be incorporated into software developed for school food service. The software system will need to be used for nutrient analysis, production, recipe analysis, inventory control and to generate budget reports. School systems will also need the appropriate hardware to run the software.
- The development of training programs will be necessary to ensure the success of all school systems.

Question 6 Prepared by :

Linda Greene Hedquist, Nutrition Consultant, Instructional Services, (919)715-1821
John Murphy, Chief Consultant, Child Nutrition Services, Auxiliary Services (919)715-1940



NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

301 North Wilmington Street, Education Building
Raleigh, NC 27601-2825

BOB ETHERIDGE
State Superintendent

April 13, 1994

To: Beth Barnes, Staff Attorney
North Carolina General Assembly

From: John Murphy, Chief Consultant
Child Nutrition Services Section

Re: Physical Fitness Among North Carolina Youth Study
Committee

I have been asked to respond to Question 6 of your March 21, 1994 letter to Dr. Henry L. Johnson.

Question 6: The cost or feasibility of removing the option of fatty foods from the menu of schools.

Foods high in fat have long been a nutritional concern of the Department of Public Instruction's Child Nutrition Program. Consistent with the Dietary Guidelines set for Americans, the Department along with seven other southeastern states, developed recipes in the early 1980's that reduced sugar, salt, and fat in the lunch meals prepared for students.

Fats are necessary for the proper functioning of the body's digestive system, the carrying of the fat soluble vitamins A, D, E, and K, and for the provision of energy for proper muscle development and function. Additionally, fats satiate a human's appetite better than other foods and human fat serves to protect vital organs.

The cost associated with a menu consistent with the Dietary Guidelines was recently studied by the United States Department of Agriculture. Their study showed that food cost rose less than one half of a cent when compared to menus currently used nationwide. Therefore, it was concluded that a menu consistent with the Dietary Guidelines could be afforded under current rates of reimbursement provided by Congress.

Considerable training has been implemented over the last ten years to educate students and adults involved with the Program. The primary focus has been on reduction of sugar and sodium, choosing a variety of foods, and using fat in moderation. This is done to reduce chronic disease potential, while at the same time allowing for palatable taste.

Page -2-
Beth Barnes
April 13, 1994

The 1990 Dietary Guidelines recommend only 30% of caloric intake from fats. This does not have to be accomplished daily. However, it must be assured over a diet period.

Actions that have been taken by the Department of Public Instruction and the United States Department of Agriculture are listed to show the impact we believe we are having by integrating nutrition education with curriculum and staff development at the state and local level. They are:

- . The employment of a registered, licensed dietitian for training at the state and local level.
- . Implementation of the Dietary Guidelines at the local level by the reduction of sugar, salt, and fat.
- . **Distribution of Nutrition Guidance of the Child Nutrition Programs and Nutrition and Your Health: Dietary Guidelines for Americans.**
- . Workshops on the publication **Healthy E.D.G.E.** A ten hour comprehensive workshop on Eating, the Dietary Guidelines, and Education.
- . Distribution of the publication **The Food Guide Pyramid** that graphically shows the number of servings of the food groups that should be consumed daily to live a healthy life style considering needed calories and the total number of fat grams suggested for various age levels and gender.
- . Development of a marketing plan that will address the changes taking place in the Child Nutrition Programs.
- . Coordination of training between program administration and the Nutrition Education Program of the Healthful Living Section.
- . Incorporation of Nutrition Education in the **North Carolina Standard Course of Study.**

I appreciate the opportunity for the Department to address this question. Please let me know if I may be of further assistance.

jfm

c Dr. Charles H. Weaver
Dr. Henry L. Johnson
Mr. Dwight Pearson

Major School Lunch and Breakfast Provisions 1994 Child Nutrition Reauthorization Legislation

Implementation of Dietary Guidelines--Schools must meet the Dietary Guidelines by the 1996-97 school year, unless granted a waiver by the state education authority, and no waiver can extend beyond 1998.

--To help schools meet this requirement, USDA will develop standardized recipes, menu cycles, and food product specification and preparation techniques and provide information about nutrient standard menu planning, assisted nutrient standard menu planning and food-based menu systems. "Schools may use any of the approaches described (above) to meet (the Dietary Guidelines). In the case of schools that elect to use food-based menu systems to meet the (Dietary Guidelines), the Secretary may not require the schools to conduct or use nutrient analysis." However, nutrient analysis may be used by schools, state agencies or USDA as part of audit and compliance activities.

Expedited Rulemaking--Prior to publishing rules implementing the Dietary Guidelines in schools, USDA shall issue proposed regulations permitting the use of food-based menu systems. Within 45 days of issuing these new regulations, USDA will hold a public meeting with a host of affected parties, such as representatives of school food service administrators, other school food service personnel, parents, teachers, public interest antihunger organizations, pediatricians, health and consumer groups, commodity groups, food manufacturers, vendors and nutritionists, to discuss the newly proposed rule.

USDA is required to publish a final rule implementing Dietary Guidelines in schools by June 1, 1995. The final regulations will include rules permitting the use of food-based menu systems, response to the USDA proposed rule from June 10, 1994 and shall also reflect the comments made at the meeting discussed in the previous paragraph.

Reduced Paperwork and Application Requirements and Increased Participation Pilots (formerly known as universal pilots)--An authorization of \$9 million/year was included for these universal pilots. They will be awarded on a competitive basis to schools having at least 40 percent of students participating in the program eligible for free and reduced price meals. Schools must serve lunch and breakfast to be eligible. The funds will be divided among urban and rural schools, elementary, middle and high schools and schools of varying income levels.

Schools in this pilot will examine participation changes, the views of students, parents and administrators regarding the program, administrative costs, paperwork and the nutritional quality of the meals. USDA will submit a report to Congress with an evaluation of the program and compilation of the information from the schools.

School Breakfast Program Startup and Expansion--This program was made permanent. The authorization levels are \$5 million/year through fiscal year 1997, \$6 million for FY 98 and \$7 million for FY 99.

Purchase of Fresh Fruits and Vegetables--The bill allows schools to refuse some or all fresh fruits and vegetables offered and receive other more desirable fresh fruits and vegetables that are "at least equal in value to the fresh fruits and vegetables refused..."

Requirement of Minimum Percentage of Commodity Assistance--USDA is required to ensure that at least 12 percent of the assistance provided under Sections 4 and 11 of the National School Lunch Act shall be in the form of commodities.

Free and Reduced Price Meal Eligibility Information--Allows the use of lunch eligibility data for other programs. This includes "a person directly connected with the administration or enforcement of a federal education program; a state health or education program administered by the state or local educational agency (other than a program carried out under title XIX of the Social Security Act); or a federal, state or local means tested nutrition program with eligibility standards comparable to (those of the school lunch and breakfast programs).

Technical Assistance--USDA is required to provide technical assistance and training in the preparation of low-fat foods commonly used in the school lunch and breakfast programs and in providing "appropriate meals to children

with medically certified special dietary needs."

Nutrition Information--Schools will be required, to the maximum extent practicable, to "inform students who participate in the school lunch and school breakfast programs and parents, of the nutritional content of the lunches..." and how those meals meet the Dietary Guidelines for Americans.

Paperwork Reduction--Within one year, USDA shall "provide notification to Congress that justifies the needs for production records...and describes how the Secretary has reduced paperwork relating to the school lunch and breakfast programs."

--USDA is required to submit to Congress a plan for the consolidation and simplification of the school lunch program and the school breakfast program.

Provision 2 and Provision 3 Schools--The legislation provides for so called "Provision 3" schools. Provision 3 schools would receive their previous year's total reimbursement, with enrollment and inflation factors added in, and would be able to provide universal lunch and breakfast service, provided it did not cost the federal government additional funds. Provision 3 schools would only have to collect eligibility forms every four years. At the end of four years, schools would be able to reapply for additional periods, and reapplications would be approved if socioeconomic data demonstrated that the income status of the student population had remained stable. In addition, schools that are currently participating in Provision 2 would be able to extend its duration from 3 to 5 years.

USDA Waiver Authority--The legislation allows states and local school food authorities to request broad waivers from the Secretary to improve program operation.

Commodity Letter of Credit (CLOC)--CLOC pilot sites are permanently authorized.

Whole Milk--Schools shall continue to offer students a variety of milk consistent with "prior year preferences" unless the preference for any one type of milk is less than 1 percent of the total milk consumed at the school. In that case, the school need no longer to offer that particular type of milk.

Debarment--The bill assists schools in identifying and preventing price-fixing and fraud. It also establishes guidelines for USDA to debar companies that have been convicted of fraud regarding USDA programs.

Children with Special Needs--USDA will develop guidance for accommodating the medical and special dietary needs of children with disabilities.

Study of Adulterated Juice Products--The U.S. Comptroller General shall study the costs and problems associated with the sale of adulterated fruit juice and juice products to the school lunch program.

Competitive Foods--USDA will develop and provide to state agencies, for distribution to elementary schools, model language that bans the sale of competitive foods of minimal nutritional value anywhere on elementary school grounds before the end of the last lunch period.

Study of Private Food Establishments--The U.S. Comptroller General shall conduct a study of the use of private food establishments and caterers by schools that participate in the school lunch program. It shall examine the nutritional quality of the food offered, and the effects on, among other things, participation and the number of students leaving school during the lunch periods.

Nutrition Education and Training--The bill makes permanent the NET program and increases education efforts directed at both students and parents.

APPENDIX E

TO: Parents and Children of the Granite Falls
Elementary Fitness Assessment Program

FROM: Beverly J. Warren and Robert L. Johnson
Appalachian State University
Research Team Co-ordinators

RE: Results of the Fitness Assessment Program

DATE: March 27, 1994

We have completed Phase I of the evaluation of the children who participated in the Fitness Assessment Program in December, 1993. The Phase I evaluation summary includes results from the following tests: Height, weight, body fat percent, maximal oxygen consumption from the treadmill test, blood pressure, blood lipids including triglycerides, total cholesterol, HDL-C, and LDL-C, VLDL, and the cholesterol/HDL-C ratio. A Phase II report will follow with results from the dietary analysis and the physical activity profile.

The attached sheets will provide you with the following information:

1. individual results for each child
2. average values in each category by age obtained from all Granite Falls Elementary children tested
3. normative values by age for all U.S. children

If you desire further information or wish an individual consultation on your child's results, please call Dr. Beverly Warren, (704) 262-3140 and she will be glad to assist you.

**AVERAGE ANTHROPOMETRIC AND PERFORMANCE VALUES FOR
GRANITE FALLS ELEMENTARY SCHOOL STUDENTS***

GIRLS

Age	Ht	Wt	BP	Body Fat	VO max 2	Treadmill Time	BMI
8	50.9	69.8	98/65	24.0	44.6	5.4	18.8
9	53.1	73.8	102/68	20.7	50.8	6.6	18.3
10	55.9	89.6	104/70	24.1	43.4	5.3	20.1
11	59.6	99.6	104/75	23.6	40.8	5.3	19.9

*Age(yrs); Ht(in); Wt(lbs); BP(sys/dias); Body Fat(%); VO max;
Treadmill Time(min); BMI(wt/ht)

2

BOYS

AGE	Ht	Wt	BP	Body Fat	VO max 2	Treadmill Time	BMI
8	52.6	72.0	106/66	21.2	51.3	5.8	18.3
9	53.4	75.9	99/64	22.2	53.1	6.7	18.6
10	56.0	78.8	106/72	17.7	57.8	7.3	17.7
11	57.6	85.6	105/71	18.5	56.5	7.0	18.1

*Age(yrs); Ht(in); Wt(lbs); BP(sys/dias); Body Fat(%); VO max;
Treadmill Time(min); BMI(wt/ht)

2

AVERAGE BLOOD VALUES FOR GRANITE FALLS ELEMENTARY SCHOOL STUDENTS*

GIRLS

Age	Chol.	Trig.	HDL-C	LDL-C	VLDL-C	Ratio
8	157	96	44	94	19	3.8
9	167	101	46	101	20	3.9
10	167	101	44	103	20	3.9
11	193	148	40	123	30	4.6

*Age(yrs); Chol.(mg/dl); Trig.(mg/dl); HDL-C(mg/dl); LDL-C(mg/dl)
VLDL-C(mg/dl); Ratio(Chol./HDL)

BOYS

Age	Chol.	Trig.	HDL-C	LDL-C	VLDL-C	Ratio
8	157	83	45	96	17	3.5
9	167	89	51	98	18	3.4
10	160	91	44	98	18	3.8
11	169	69	53	102	14	3.3

*Age(yrs); Chol.(mg/dl); Trig.(mg/dl); HDL-C(mg/dl); LDL-C(mg/dl)
VLDL-C(mg/dl); Ratio(Chol./HDL)

NORMATIVE DATA FOR U.S. CHILDREN AGES 8-12

Variable	Mean		Range	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
Weight(lbs)			66-101	66-105
	8	66		
	9	73.6		
	10	81.2		
	11	90.3		
Blood Pressure (sys)	97-105	97-105	95-125	95-125
Blood Pressure (dias)	60-64	60-64	55-80	55-80
Body Fat (%)	14.5	20.5	10-30	15-35
VO ₂ max (ml/kg/min)	48.5	46.0	28-69	28-55
Treadmill Time (min)	5.7	6.7	3-10	3-10
Cholesterol (mg/dl)	159	162	119-203	124-205
Triglycerides (mg/dl)	61	67	30-125	32-131
HDL-C (mg/dl)	55.5	52.5	37-75	36-73
LDL-C (mg/dl)	95	93.5	63-133	68-140
VLDL-C (mg/dl)	9	10.5	0-22	1-24
Ratio (Chol/HDL)	2.9	3.1	1-5	1-5
EMI (wt/ht ²)	17	17	14-20	14-20

DEFINING AND INTERPRETING MEASURED PARAMETERS

HEIGHT/WEIGHT (BODY MASS INDEX)

Height and weight are rapidly changing variables in prepubescent children. One measure of evaluating weight relative to height is the Body Mass Index (BMI). This index is determined by taking body weight in kilograms divided by height in meters squared. This index is utilized for classification of normal weight and obesity. Values in children range from 14 to 20. A BMI of greater than 20 is classified as Grade 1 obesity. Since obesity has been identified as a major risk factor for cardiovascular disease, it is suggested that children maintain a BMI of less than 20.

BLOOD PRESSURE

Blood pressure (BP) is the pressure exerted by the blood on the wall of the arteries. It is measured in millimeters of mercury. Hypertension (high blood pressure) has been identified as a major risk factor for cardiovascular disease in adults. There is growing evidence about the possible relationship between BP patterns in children and subsequent development of adult essential hypertension. Significant hypertension in children ranges from a diastolic pressure of 78-82 mmHg and a systolic pressure of 122-126 mmHg.

BODY FAT

Body weight is a measure of total mass which includes a lean mass compartment (bone, muscle, mineral, water) and a fat mass compartment (adipose tissue). Thus, body weight measurement does not differentiate lean body weight from fat weight. One method of assessing fat weight is through the utilization of skinfold calipers which measure subcutaneous fat (fat under the skin) in millimeters of skinfold thickness. The percent body fat is a better indicator of health risk from excess body weight than is a height-weight measurement table. Below is a table to evaluate your child's body fat percent.

Category	Percent Fat	
	Boys	Girls
Low	<10	<15
Optimal	10-19	16-25
Moderately High	20-25	26-30
High	26-30	31-35
Very High	>30	>35

MAXIMAL OXYGEN CONSUMPTION (VO_{2max})

VO_{2max} is defined simply as the maximal amount of oxygen capable of being transported to and consumed by the working muscles. It is measured by the number of milliliters of oxygen the body is capable of using at the point of all-out-effort on a treadmill running protocol. This measure has been termed the most important determinant of cardiorespiratory fitness. It is a reflection of hereditary endowment and daily level of physical activity. Below is a table to evaluate your child's cardiorespiratory fitness from the treadmill test.

Fitness Level	VO_{2max}	
	Boys	Girls
Low Fit	28.5-38.4	26-35
Below Average	38.5-48.4	36-45
Above Average	48.5-58.4	46-55
High Fit	58.5-68.7	56-65

BLOOD LIPIDS

Blood lipid values including triglycerides, total cholesterol, HDL-C, LDL-C, and VLDL are measures of circulating fats and lipoproteins (fat and cholesterol carriers) in the blood. The American public is becoming more knowledgeable about the importance of serum cholesterol levels to health. High total cholesterol values are associated with an increased risk for coronary heart disease. In addition, low density lipoprotein cholesterol (LDL-C) are cholesterol carriers which transport cholesterol to various body cells. When excessively high, the cholesterol in LDL-C contributes to the build up of atherosclerosis and heart disease. In contrast, high density lipoprotein cholesterol (HDL-C) act as a type of shuttle as it takes up cholesterol from the blood and body cells and transfers it to the liver for elimination. Thus, high concentrations of HDL-C are associated with a reduced risk for cardiovascular disease. Below is a table to evaluate your child's blood lipid profile.

Age	Cholesterol			Triglycerides		
	5th%	Mean	95th%	5th%	Mean	95th%
5-9						
M	121	160	203	30	56	101
F	126	164	205	32	60	105
10-14						
M	119	158	202	32	66	125
F	124	160	201	37	75	131

Age	HDL-C			LDL-C			VLDL		
	5th%	Mean	95th%	5th%	Mean	95th%	5th%	Mean	95th%
5-9									
M	38	56	75	63	93	129	0	8	18
F	36	53	73	68	100	140	1	10	24
10-14									
M	37	55	74	64	97	133	1	10	22
F	37	52	70	68	97	136	2	11	23

APPENDIX F



ABSTRACTS FROM THE CARDIOVASCULAR HEALTH IN CHILDREN STUDY
PRESENTED AT VARIOUS PROFESSIONAL MEETINGS

All research was supported by NIH grant# NR01837

1) ISSUES IN THE MEASUREMENT OF CARDIOVASCULAR RISK FACTORS IN CHILDREN

Joanne S. Harrell, School of Nursing; Annette C. Frauman, School of Nursing; Robert G. McMurray, Dept of Physical Education, Exercise, and Sports Science; Shrikant I. Bangdiwala, School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7460

Purpose of Study: The Cardiovascular Health in Children (CHIC) Study is a state wide, longitudinal, controlled, randomized study of the effects of two interventions designed to reduce risk factors for future cardiovascular disease (CVD) in elementary school children. The study, begun in 1990, included 21 elementary schools distributed across the state of North Carolina. Initial results will be discussed in this paper.

Method: After obtaining written consent from parents and the children, data were collected from children at their schools by direct physical measurement and by questionnaire. We measured each child's height (stadiometer), weight (balance beam scale), subscapular and tricep skin folds (Lange caliper), blood pressure (mercury manometer), total serum cholesterol (Reflotron), and aerobic capacity (cycle ergometry). In addition, the children were asked to report their smoking, eating, and exercise habits using researcher-designed instruments.

Conclusions: At entry in the study the sample included 2208 healthy third and fourth graders (average age 8.9 yrs). Half of the sample were girls (50.6%). Racial distribution was 76.36% white, 19.38% black, and 4.26% other. Mean height was 135.9 ± 7.2 cm, weight was 34.4 ± 9 kg, and body mass index (wt in kg/height in m^2) was 18.4 ± 3.5 . Subscapular skin folds averaged 10.7 ± 8.0 mm and triceps were 15.3 ± 6.9 mm. Cholesterol was 165.6 ± 29.6 mg/dl. The prevalence of obesity was high (26.1%), especially considering the strict definition used. There were few hypertensive children (8.8% borderline and 3.2% high), while 22.8% had borderline high cholesterol (170-199 mg/dl), 11.2% high (200-239 mg/dl) and 1.4 were 240 mg/dl or higher.

2) REPORTED ACTIVITY LEVELS OF CHILDREN DO NOT REFLECT AEROBIC CAPACITY

Robert G. McMurray, Joanne S. Harrell, Shrikant I. Bangdiwala, Annette C. Frauman. Cardiovascular Health in Children Study, University of North Caroline, Chapel Hill, NC.

The relationship between aerobic capacity (VO_2 max) and self-reported activity (SRA) was determined in 2071 third and fourth graders; 50.8% females. Aerobic capacity was predicted using the cycle ergometer test. The SRA consisted of 25 commonly reported activities and the number of days a week utilized. The SRA activities were weighted dependent upon how hard the activity was. The weighted sum of the three most frequent reported activities was computed. Aerobic capacity of the males was higher than the females (45.1 ± 9.8 vs 39.5 ± 9.0 ml/kg/min; $p=0.0001$), but lower than expected (average of other studies: males = 50 ml/kg/min, females = 43 ml/kg/min). The SRA scores for males were also higher than females (71.2 ± 31.1 vs 58.4 ± 27.7 ; $p=0.0001$). Multiple regression, predicting aerobic capacity from body mass index (BMI), skinfolds (triceps+subscapular) and SRA, indicated that BMI accounted for 40.5% of the variance while the SRA accounted for only 1.8%. These results suggest little relationship between self-reported activity levels of children and predicted aerobic capacity. However, although the size of the child may be the most significant factor in predicting VO_2 max, activity levels of may serve as a modifier by influencing BMI or physical conditioning.

3) RACIAL AND RURAL/URBAN DIFFERENCE IN CARDIOVASCULAR RISK FACTORS IN NORTH CAROLINA CHILDREN

Joanne S. Harrell, Annette C. Frauman, Robert G. McMurray, Shrikant I. Bangdiwala. Cardiovascular Health in Children Study, University of North Carolina, Chapel Hill, NC.

Cardiovascular Health in Children (CHIC) is a randomized controlled trial of the effects of two interventions to reduce CVD risk factors in 3rd and 4th graders in North Carolina. The subjects are 2209 children (age 8.9 ± 0.8) from 21 elementary schools across the state; 50.6 are females, half of the schools in each region are rural, half urban. Participation rate is 60.4%. The present analysis covers baseline characteristics of the 411 African American (AFAM) and 1661 white children only. Age adjusted means of risk factors and proportion of children with risk factors are summarized below:

Risk Factor	African American		White	
	Rural (n=199)	Urban (n=221)	Rural (n=927)	Urban (n=734)
SBP	106.5	103.9	104.6	103.2
CHOL	172.6	169.9	164.5	164.0
BMI	19.4	18.5	18.6	17.9
VO2	39.7	43.9	41.8	43.2
CHOL ≥ 200	20.1%	17.2%	10.9%	11.0%
CH SMOKE	3.0%	5.9%	4.5%	2.9%

Risk factors for CVD are significantly more prevalent in African American children, particularly those in rural areas. These findings identify black children as a population at risk for future CVD and indicate a need to target rural areas for further study.

4) Parental Influences on Childhood Fitness and Physical Activity Levels

C.B. Bradley, R.G. McMurray, and J.S. Harrell.
University of North Carolina, Chapel Hill, NC 27599-7460.

The purpose of this study was to determine the effects of parental attitudes and exercise habits on the physical activity (PA) levels and aerobic capacity of their children. One parent from 1253 families completed both the Exercise Benefits and Barriers Scale (EBBS) about their attitudes towards exercise and a questionnaire on their PA habits. The children completed a self-reported PA questionnaire (SRPAQ) and had their aerobic capacity predicted using a cycle ergometer test. Results indicated that boys and fathers were more physically active than their female counterparts. Multiple regression indicated that the parents' EBBS scores were weakly associated with the child's aerobic capacity ($R^2=0.007$; $p=0.047$). The mother's EBBS was associated with the child's aerobic capacity ($R^2=0.011$; $p=0.025$), while no association was evident for fathers ($R^2=0.008$). Neither parent's EBBS were related to the daughter's aerobic capacity; however, the mother's score was weakly associated with the son's aerobic capacity ($R^2=0.019$; $p=0.055$). The children's SRPAQ scores were not associated with parent's attitudes ($p=0.72$) or PA ($p=0.82$). These results suggest that factors other than parental attitudes and exercise habits are more influential in determining the fitness and activity levels of children. Thus, to improve the fitness of children, we need to examine factors in the child's environment which may be more important than the parents attitude and PA habits.

5) CHILDHOOD OBESITY ENHANCES BLOOD PRESSURE AND TOTAL CHOLESTEROL INDEPENDENT OF PHYSICAL ACTIVITY LEVELS

R.G. McMurray, J.S. Harrell, S.A. Gansky, S.I. Bangdiwala.
Cardiovascular Health in Children Study, University of North Carolina, Chapel Hill NC 27599-7460

This study examined the relationship between obesity (BMI & skinfolds $\geq 90\%$ tile), self-reported physical activity (SRPA), and the development of cardiovascular disease risk factors in 3rd & 4th grade children from North Carolina. Non-obese controls (NOC) were matched for age, sex, race and height with 546 obese children (OC). Comparisons indicated that the OC had higher blood pressures (BP_{sys} : 108 ± 11 vs 104 ± 10 mmHg, $p=0.0001$; BP_{dia} : 70 ± 9 vs 68 ± 10 mmHg, $p=0.002$) and total cholesterol levels (4.44 ± 0.8 vs 4.08 ± 0.74 mmol/L, $p=0.0001$). Both groups had similar estimated aerobic capacity when expressed as l/min, but lower VO_2max when adjusted for weight ($p=0.0001$). SRPA scores were similar for both groups. Further, multiple regression with 566 OC and 1618 NOC unmatched, adjusting for age, sex, race and height, indicated that obesity was significantly associated with

a 0.31 mmol/L (12 mg/dl) increase in cholesterol, a 5 mmHg increase in BP_{sys}, and a 2 mmHg increase in BP_{dia} (p=0.0001, each). The SRPA level had no impact on obesity. These results suggest that childhood obesity increases cholesterol and blood pressure independent of physical activity levels.

6) PREDICTORS OF PHYSICAL ACTIVITY AND AEROBIC POWER IN CHILDREN
V.D. Parrish, R.G. McMurray, J.S. Harrell. Cardiovascular Health in Children Study, University of North Carolina, Chapel Hill, NC 27599-7460.

The purpose of this study was to determine the importance of using parent's and teacher's evaluations to predict the aerobic power and physical activity (PA) levels of children. The subjects were 1490, 4th & 5th graders, their parents, PE teachers and classroom (CR) teachers. The children completed a self-administered physical activity questionnaire (PAQ), had their height, weight, skinfolds (tricep & subscapula sites) measured. They had their VO₂max predicted by submaximal cycle ergometry. Their parents, CR and PE teachers rated the child's PA and VO₂max on a 1-4 (low - high) scale. Pearson correlations revealed that the best correlate of the child's VO₂max was the PE teacher (r=0.42, p<0.01), while the CR teacher's report was the best correlate of the child's PA (r=0.25, p<0.05). Multiple regression analyses using a standard model (age, sex, height & skinfolds) to predict aerobic power resulted in an R²=0.48; p<0.0001. The addition of the parent's and teacher's information improved the model to predict aerobic power by 6% (R²=0.54; p<0.0001), with only the mother's and PE teacher's estimates significantly contributed to the variance. The ability of the standard model to predict PA from the PAQ was poor (R²=0.04; p<0.01). The inclusion of the parent's and teacher's reports improved the model (R²=0.07; p=0.0001), with only the father's and CR teacher's report significantly contributed to the variance. These data suggest that to improve the ability to predict fitness the PE teacher should be asked to provide an assessment. Further, there seems to be little relation between the child's and his/her teacher's or parents' perceptions of PA levels.

APPENDIX G

N.C. GOVERNOR'S COUNCIL ON PHYSICAL FITNESS AND HEALTH

**RECOMMENDATIONS TO THE LRC/PHYSICAL FITNESS FOR
YOUTH STUDY COMMITTEE**

December 8, 1994

1. Full implementation of the Basic Education Plan (BEP) with a goal of daily physical education. This would require 1 Physical Education teacher for every 9 classroom teachers.

2. Daily quality Physical Education for every child by a Certified Physical Education Specialist

Note: Every child means all children, and special effort should be taken to make sure that physically and mentally challenged, rural, disadvantaged and gifted youth have equal access to quality daily physical education programs, without exceptions.

a. Grades K-5(6)

Current: Ranges from once every two weeks to daily (ave. = 1-2 days per week)

Goal: Minimum of 30 minutes of active time per day with a certified physical educator

Note: Health education content should be included in the K-6 curriculum and taught by the appropriate teachers.

b. Grades 6-8

Current: Ranges from none to daily

Goal: 45-55 minutes of total class time per day
Five class periods per week of Healthful Living taught by Physical Education and Health Education Specialists

c. Grades 9-12

Current: In order to graduate, high school students must complete "one course unit (150 hours) in Physical Education and Health," according to the North Carolina Standard Course of Study

Goal: 45-55 minutes of total class time per day with a Certified Physical Education Specialist

3. Apply class size policies to Physical Education consistent with other subjects by grade level.

4. Require that teacher renewal credits be obtained in primary instruction area (ie., the area in which they are certified). For example, physical education teachers who also coach should not be able to gain physical education recertification credits by attending a coaching clinic or workshop.
5. Instruct the State Dept. of Public Instruction to collaborate with institutions of higher education to ensure uniform and high quality competencies for P.E. Specialists. This should include conducting statewide training for P.E. Specialists to ensure that they are adequately trained in all areas of physical education, especially measurements of fitness such as skinfold measures, aerobic capacity, etc. In turn, the P.E. Specialists must be able to train the classroom teachers who have responsibility for part of the P.E. instruction or for assistance with fitness testing.
6. Encourage LEAs to provide support to classroom teachers to participate in physical education and health education in-service training.
7. Encourage existing and future funding for Support Our Students Programs, Family Resource Centers and other crime and substance abuse prevention programs be used for after school and community physical activity programs.
8. Support the Children's Health Initiative (see attached)

State of North Carolina
Department of Environment,
Health and Natural Resources

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Ronald Levine, MD, MPH, State Health Director



Memorandum

To: Governor James Hunt, Jr.

CC: Robin Britt, Secretary, DHR
Bob R. Etheridge, State Superintendent, DPI

From: Jonathan B. Howes *J. Howes*
Secretary, DEHNR

Date: November 15, 1994

Subject: Children's Health Initiative

Governor Hunt,

As you know, three of our major agencies have vested interests in children's health in North Carolina - DEHNR, DHR and DPI. Together, it is our intent to fulfill your mandate to "make sure that every child has a healthy start."

The attached document succinctly describes the major children's health programs and initiatives from each of the three agencies. We have made a concerted effort to assure that each agency's programs are unique and mutually supportive, but can stand alone.

Together, our programs will maximize North Carolina's children's health resources by avoiding overlap or duplication of services. It is our combined desire to provide health services and programs to the greatest number of children in as many ways as our resources permit.

Briefly, DHR seeks to expand Medicaid coverage to pregnant women and children and to provide supportive services to adolescent parents and substance abusing mothers and their infants.

DEHNR proposes public health services and programs for pregnant women, parents and children targeted at prevention and health promotion. DEHNR's service programs are designed primarily to reach the low income uninsured who are not eligible for Medicaid.

DPI advocates full implementation of the BEP to provide the statutorily mandated ratio of one school nurse to three thousand children.

Together, our three agencies propose nonduplicating services and programs which assure access to health care and promote improved health status for North Carolina's children. We support each other's programs and sincerely hope that you will support them too.



GOVERNOR HUNT'S PROPOSED CHILDREN'S HEALTH INITIATIVE

DEHNR, DHR, & DPI

GOAL: To promote a cycle of good health in North Carolina in which healthy children will grow into healthy adults who will, in turn, ensure future generations of healthy children.

Purpose: Three major agencies have vested interests in children's health in North Carolina –the Department of Environment, Health and Natural Resources (DEHNR), the Departments of Human Resources (DHR) and Public Instruction (DPI). This document describes the major children's health programs and initiatives from each of these three agencies. Each agency's programs are unique and mutually supportive. Together, they maximize North Carolina's child health resources by avoiding overlap or duplication of services, while serving the greatest number of children possible in as many ways as resources permit.

I. DEHNR'S CHILDREN'S HEALTH INITIATIVE (PRIORITY NO. 1 of 22)

OBJECTIVE I: To strengthen proven preventive services and programs for children's health.

Background: Preventive services are essential to assure that children have the opportunity to become productive adults. While North Carolina has made progress, there are serious gaps in such services both in the type of services and in the financial and geographical distribution.

Strategies:

- **Adolescent Health Services: Pregnancy Prevention:** Unplanned adolescent pregnancy is a significant problem in North Carolina which affects both the health of the baby and the adolescent mother. Adolescent health centers do not provide contraceptive services. Therefore, funding is needed to provide 20 family planning clinics with the opportunity to expand services for sexually active teens. (FY 95-96: \$1,000,000; 96-97: \$1,000,000; Receipts \$0). (Rank 1).
- **Baby Love (MOW Program):** Intense peer counseling is provided through this program to pregnant women at risk for poor birth outcomes, which continues until the child's first birthday. This initiative extends the counseling to the child's third birthday to improve parenting skill, reduce stress, reduce the risk of abuse and neglect, and to promote healthy lifestyles in low-income families. Violence is a public health problem which must be addressed in this context. (FY 95-96: \$550,00; 96-97 \$550,000; Receipts \$0). (Rank 2).
- **Adolescent Health Centers:** Twenty additional comprehensive centers will be established to increase the provision of primary and preventive services to teens to promote health and prevent, stress, injuries, sexually transmitted diseases and other adolescent health-related problems. (FY 95-96: \$750,000; 96-97: \$750,000; Receipts: \$0). (Rank 3).
- **Child Injury Prevention:** Grants from this initiative will support local programs designed to decrease the leading cause of childhood death – preventable injuries – through education and preventive devices such as smoke detectors, child safety seats, and bicycle helmets. (FY 95-96: \$589,195; 96-97: \$589,195; Receipts: \$0). (Rank 6)
- **Lead Poisoning Prevention:** Intensive interventions for lead poisoning, including in home health education, nutritional counseling and environmental assessment, are proposed. Funding will also be used to develop lead poisoning prevention programs at local health departments statewide and to maintain equipment necessary to detect lead poisoning. (FY 95-96: \$559,100; 96-97: \$559,100; Receipts: \$0). (Rank 7)
- **Child Health Awareness:** This initiative will provide statewide distribution of a child health record and

booklets to new parents to promote health and safety for infants and toddlers. (FY 95-96: \$300,000; 96-97: \$300,000; Receipts: \$0). (Rank 8).

- **Nutrition Counseling:** Nutrition assessment and counseling for children ineligible for WIC will soon be Medicaid reimbursable. This initiative will provide seed money to local health departments to employ and train public health nutritionists whose salaries will eventually be reimbursed by Medicaid. The seed money will be rotated around the state. (FY 95-96: \$250,000; 96-97: \$250,000; Receipts: \$0 for training; eventually self-supporting through Medicaid). (Rank 9).
- **Dental Health:** This initiative will employ additional dental hygienists to provide dental health promotion including screenings, counseling, education, fluoridation and sealants to children under the supervision of a dentist. Working collaboratively with the private sector, North Carolina has the power to make all of its children cavity free. (FY 95-96: \$278,528; 96-97: \$278,528; Receipts: \$0). (Rank 10).

OBJECTIVE II: Enhance the health-related lifestyles of children and their families through community-based activities that promote healthy behaviors.

Background: Preventive health services are necessary to ensure that children remain well. Alone, however, these services will not assure that children will be truly healthy. Children must be given the tools to live healthy lifestyles. The significant adults in children's lives, who provide role models and/or make the major decisions affecting children's health, must also be targeted if we are to optimize our children's and grandchildren's health.

Strategies:

- **Healthy Carolinians:** Healthy Carolinians' statewide mission is to empower communities to improve their health status, reduce health disparities among the disadvantaged, and promote preventive health services. There are 21 local task forces in place with plans to have every community served by a task force by 1997. The state-based office facilitates a community's planning, implementation, and evaluation of its self-determined health promotion process. All 11 of the Healthy Carolinians' health objectives target children age 0-18. Healthy Carolinians, the only statewide health promotion effort, will continue to pursue its statewide objectives promoting children's health. It will also serve as the primary facilitator and catalyst for those communities chosen for the Healthy Children Community Health Promotion Projects described below. (FY 95-96: \$1,500,000; 96-97: \$1,500,000; Receipts: \$0). (Rank 5).
- **Healthy Children Community Health Promotion Projects:** This five-year demonstration program will empower communities to promote an integrated, comprehensive community-based approach to improving the health status of their children and the internalizing of health values by all of its citizens. The program's focus will be on health-related lifestyles and behaviors. Nutrition, physical activity, and other health habits which have been identified as the leading contributors to ill health and premature death will be highlighted. A particular community's needs and priorities will determine which additional health habits or problems will be addressed beyond the core health promotion program. This multifaceted community-based children's health promotion program will provide a number of interventions targeting children and all of the nurturing and role-modeling figures who influence them. A comprehensive evaluation will be conducted to gauge the success of achieving and maintaining improved health status for our children through community-based health promotion strategies. (FY 95-96: \$1,239,375; FY 96-97: \$2,835,436; Receipts: \$0). (Rank 4).

TOTAL COST OF DEHNR CHILDREN'S HEALTH INITIATIVE: FY 95-96: \$7,016,198; 96-97: \$8,612,259; Receipts: \$0.

II. DHR's HEALTH PROGRAMS AFFECTING CHILDREN'S HEALTH

OBJECTIVE I: To provide limited Medicaid benefits for two years postpartum to women whose family incomes are equal to or less than 185% of the Federal Poverty Level.

Background: Having a baby is only the first step in parenting. Mothers must be healthy and learn positive parenting skills. The spacing of children is critical to the health of an infant, a newborn, and the mother to optimize recovery and growth for all concerned. The first two years of a child's life are critical to his or her development, as is the physical and mental health status of his or her mother.

Strategy: Limited Medicaid coverage would be provided for two years postpartum to women whose family incomes are equal to or less than 185% of Federal Poverty Level. During this time, women would be eligible to receive selected Medicaid ambulatory, preventive, primary and mental health services. Emphasis will be placed on reproductive health, participation in ongoing parental skills development and coordination among local public/private providers who deliver health care services to indigent clinics. (FY 95-96: Total (T) - \$17,251,089, receipts (R) \$12,023,578, Appropriations (A) - \$5,227,511; 96-97: T - \$50,911,091, R - \$35,258,731, A - \$15,652,360).

OBJECTIVE II: To extend Medicaid Benefits to children from ages one through five whose families' incomes are equal to or less than 185% of Federal Poverty Level (FPL) and to children from ages six through 18 whose families' incomes are equal to or below 133% of FPL.

Background: If we want to enhance wellness and extend ambulatory, primary and preventive care to children, North Carolina must provide the means to access the health care system to low income families who are uninsured and not currently Medicaid Eligible.

Strategies:

- Expand Medicaid Coverage for Children ages one through five: Currently children with family incomes equal to or less than 185% FPL are eligible for Medicaid through age one. Children between the ages of one through five are only eligible if their family incomes are less than or equal to 133% of FPL. If North Carolina is to succeed in its immunization and other preventive efforts and improving the health status of its children, greater access to primary and preventive services is necessary. This proposal will extend Medicaid eligibility for children age one through five to family incomes less than or equal to 185% FPL.
- Expand Medicaid Coverage for Children ages six through 18: Currently only children in this age group with family incomes at or below 100% FPL are eligible for Medicaid. As above, we must assure access to primary and preventive services if we are to get and keep our children healthy. By refinancing the North Carolina Caring Program for Children through Medicaid, state funds for this program can be leveraged to provide access to children with family incomes at or below 133% FPL. The Caring Program for Children, which is a public/private partnership, targets children who have the same medical needs but are not currently eligible for Medicaid as disabled.

(Cost for Objective II: FY 95-96: T - \$8,115,659, R - \$5,656,412, A - \$2,459,247; 96-97: T - \$22,812,400, R - \$15,798,842, A - \$7,013,558)

OBJECTIVE III: To provide preventive and support services to adolescent parents in designated counties as a deterrent to long term dependency.

Background: The Adolescent Parenting Program (APP) was established by the Division of Social Services in 1984 to strengthen preventive services to adolescent parents at the county level. It was designed as a way to reduce second pregnancies and the high costs, both human and financial, associated with premature teen pregnancy and parenting. The program has grown to include programs in 24 public and private agencies in 24 counties in the State. Over 16,000 adolescent girls become teen parents each year. Furthermore, one out of five low-birth weight babies is born to a teenage mother. In 1990, the average cost

of care for a very low birth-weight infant was \$29,000. Since 1987, NC has seen a 96% increase in the cost for AFDC, Food Stamps, and Medicaid for families begun by a teenager. Twenty-five percent of all teen mothers receive AFDC; this represents half of all mothers on welfare in the US. Seventy-one percent of females under 30 who receive AFDC had their first child as a teenager. Prevention programs are essential to reversing these trends.

Strategies:

- Expand programs in existing counties and add additional programs over the next two years (32 new programs on 7/1/95 and 32 new programs on 7/1/96) in order to delay second pregnancies among teenagers, enhance parenting skills, reduce the risk of abuse and neglect of children born to teenagers, improve prenatal and perinatal care, and promote teenagers completing high school and remaining out of the welfare system.
- Change the required match for counties - The current allocation for the APP is less than the Program's operating costs and absorbing additional costs has become increasingly difficult for the most economically deprived counties. With the ability to claim Medicaid reimbursement for 90% of the clients, the proposed matching formula will be: Medicaid eligible expenses: 50% Medicaid, 25% State and 25% County; Non-Medicaid eligible expenses: 50% State and 50% County.

(Cost Objective III: FY 95-96: T - \$1,810,791, R - \$1,271,022, A - \$5,39,769; FY 96-97: T - \$3,453,755, R - \$2,466,618, A - \$987,137).

OBJECTIVE IV: To improve substance abuse health status of substance abusing women and their infants.

Background: Over the last two years the State has invested a considerable amount of resources in the development of a statewide perinatal substance abuse initiative. The Governor's Infant Mortality Commission, cooperatively with DHR, has enabled each of the perinatal regions in the State to provide comprehensive services to substance abusing pregnant women and women with dependent children. Six programs are now operational and a seventh has recently received start-up funds and has begun implementation. The programs are identifying many women in need of various levels of care, intensive residential treatment, and a host of social and vocational services. Sufficient housing is a need that still goes unmet. It is essential that substance abusing women be able to live with their infants and dependent children over the extended period of their recovery to promote bonding and enhance parenting skills. Safe housing is most economically provided through the establishment of halfway houses for women with children. Long term housing options need to be provided to these women and their children. Currently, DHR is providing funding for two of these special halfway houses through expansion funds made available in FY 93-94.

Strategies:

- Increase statewide halfway house bed capacity for women with children in an additional two sites so that there will be a more complete continuum of care and provide opportunities for bonding between mothers and their children.
- Offer comprehensive treatment services to help reduce drug use of pregnant substance abusing women and women with dependent children and increase the birth weight of babies.

(Cost Objective IV: FY 95-96: T - \$500,000, R - \$0, A - \$500,00; FY 96-97: T - \$525,000, R - \$0, A - \$525,000).

TOTAL COST OF DHR'S HEALTH PROGRAMS AFFECTING CHILDREN HEALTH: FY 95-96: T - \$27,677,539; R - \$18,951,012; A - \$8,726,527; 96-97: T - \$77,702,246; R - \$53,524,191; A - \$24,178,055.

III. DPI'S PROGRAM AFFECTING CHILDREN'S HEALTH (PRIORITY A3).

OBJECTIVE: To fully implement the statutorily mandated Basic Education Program's allotment of one school nurse per 3000 students.

Background: The Basic Education Plan (BEP), GS 115C-81, mandates that the school nurse to student ratio should be 1:3000, with at least one nurse at each Local Education Agency (LEA). Currently there are approximately 183 school nurses statewide. School nurses are an integral part of any children's health effort providing both primary and preventive services to children in the school setting.

Strategy: Two hundred additional nurses are needed to meet the BEP that estimates a full allotment at 383 nurses or a ratio of 1:3000 students, with at least one per each LEA. School-based health services promote the physical and mental well-being of children by providing health counseling and assessments, making referrals for health care where necessary. They also assist in disease prevention and control, monitoring and abating health hazards, reinforce education of students about healthy habits and remove barriers to community health services.

TOTAL COST OF DPI'S PROGRAM AFFECTING CHILDREN'S HEALTH: FY 95-96: \$7,868,800; 96-97: \$7,868,800; Receipts: \$0.

IV. SUMMARY

Each of the above department's expansion requests are vital to optimize children's health in North Carolina. DHR proposes several initiatives which will have a significant positive impact. Expanding Medicaid coverage for postpartum women and children through age 18 will assure access to medical care at critical times in the life cycle. This expansion will allow access to primary and preventive services to thousands of uninsured children. An expanded Adolescent Parent Program will help to improve prenatal and perinatal care for children born to teenage parents and reduce the risk of abuse and neglect of these children. Increased halfway house bed capacity for substance abusing women in recovery and their children will enable these women to enhance their parenting skills and provide better care to their dependent children.

DEHNR's Health Divisions propose an amalgam of public health services and programs specifically targeted at disease prevention and health promotion. Those programs which are service-based are designed to be delivered to low income families who do not meet the Medicaid threshold. If the Medicaid threshold is raised for children, as DHR seeks, the threshold for the DEHNR services will be comparably raised to continue to maximize services to uninsured children. DEHNR and DHR will continue to maximize service delivery to the greatest number of our children. DEHNR, through public health, is also proposing community-based health promotion and disease prevention efforts to create a paradigm shift in the health habits of our children which will help to conserve our scarce medical resource dollars as we move into the next millennium.

DPI seeks full implementation of the BEP to provide the statutorily mandated ratio of one school nurse to 3000 children, with at least one nurse in each local education agency. School nurses are an integral part of any children's health effort and are not subsidized by any DHR or DEHNR programs. Together, the three departments propose non-duplicating services and programs which assure access to health care and promote improved health status of North Carolina's children.

V. Children's Health Programs Appropriations Budget Summary

<u>Agency</u>	<u>FY 95-96</u>	<u>FY 96-97</u>
DEHNR	\$ 7,016,198	\$ 8,612,259
DHR	\$ 8,726,527	\$24,178,055
DPI	\$ 7,868,800	\$ 7,868,800



APPENDIX H

STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



Dr. Jay M. Robinson
Chairman, North Carolina
State Board of Education
301 North Wilmington Street
Raleigh, N.C. 27601-2825

Dear Dr. Robinson:

The Legislative Research Commission's Committee on Physical Fitness Among North Carolina Youth, charged by the 1993 General Assembly with studying the most effective and efficient methods of providing the youth of North Carolina a safe, quality physical education, heard testimony from several parties interested in the subject, including the North Carolina Governor's Council on Physical Fitness and Health and the Alliance for Health, Physical Education, Recreation and Dance. A concern that was repeated during Committee proceedings was that physical education classes are overcrowded and, as a result, are unable to provide students with a safe environment that is conducive to learning and developing basic healthful living skills.

The physical fitness and education of the youth of North Carolina should be a priority of the State and of our schools. Accordingly, classes should be of a size in which educators can provide students with a quality education in nutrition and physical fitness, key components of the current healthful living curriculum. Therefore, the Committee recommends that the Board investigate the option of reducing the maximum class size of physical education classes to make them consistent with academic classes pursuant to its authority under G.S. 115C-301. The Commission also recommends that the



Board review and reconsider the current policy of granting waivers for physical education classes pursuant to G.S. 115C-238.6(a)(1).

We appreciate your consideration of this matter.

Yours truly,

Senator Marvin Ward
Cochair, Physical Fitness
Among North Carolina Youth Committee

Representative Alex Warner
Cochair, Physical Fitness
Among North Carolina Youth Committee

